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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007				Complete if Known Application Number 10/572,373-Conf. #9860					

				Filing Date		March 16, 2006 Shigeyoshi NISHINO			
				First Named Inventor Shigeyoshi NISI Examiner Name S. Young		SCHOOL			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1626					
TOTAL AMOUNT OF PAYMENT (S) 450.00				Attorney Dacket No. 0283-0224PUS1					
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify): **Denotif Account Day 2017 Account Money Order None Other (please identify):									
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
X Charge any additional fee(s) or underpayments of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCU	LATION								
1. BASIC FILIN	IG, SEARCH, AND E			n Talinda II.a				377794444	
	FI	LING FEES Small Entity	SEA	ARCH FEES Small Entity	EXAMIN	ATION FEES Small Entity			
Application T	ype Fee (\$		Fee (\$)		Fee (\$)	Fee (\$)	Fees	Paid (\$)	
Utility	300	350	500	250	200	1.00			
Design	200	100	100	50	130	65		***************************************	
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	-0	0			
2. EXCESS CLAIM FEES Small Entity									
Fee Description Fe Each claim over 20 (including Reissues)								Fee (\$) 25	
Each independent claim over 3 (including Reissues)							50 200	100	
Multiple depen	dent claims						360	180	
Total Claims Extra Claims Fee (\$) Fee F			aid (\$)	Multiple Dependent Claims					
· · · · · · · · · · · · · · · · · · ·					Fee	(\$) E	ee Paid (\$)	
HP = highest number of total claims paid for, if greater than 30.								uniu.	
Indep. Claims	Extra Claims	Fee (\$)	Fee P	Fee Paid (\$)					
HP = highest num	bar of independent claims	caid for if greater to	an 3.						
3. APPLICATIO		(C)							
If the specifical	ation and drawings exter 37 CPR 1.52(e)), action thereof. See 3	the application si	ze fee du	is \$250 (\$125 f				ō.	
Total Sheet				iditional 50 or frac	fion thereof	Fee (S)	Fee	Paid (\$)	
	. 100 =						e e e e e e e e e e e e e e e e e e e		
4. OTHER FEE				***************************************			Fees	Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1252 Extension for response within second month 450.00									
SUBMITTED BY	3 4			*************************************		***************************************			
Signature	Con Fred	XZ 4655	3.C"	Registration No. (Attorney/Agent)	28,977	Telephone	(703) 20	5-8000	
Name (Print/Type) Gerald M. Murphy, Jr.						Date	June 6, 2007		
		10 to	***********	***************************************				المتضمرة	

GMM/GMD/mua Birch, Stewart, Kolasch & Birch, LLP